

EXPLORING THE CHILD'S PERSONALITY

ABOUT THE EDITOR

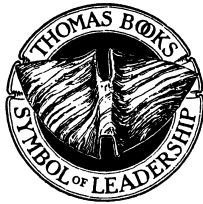
Doctor Carina Coulacoglou (born in 1956 in Athens, Greece) is a child psychologist and test developer. She studied psychology at the University of London and later obtained a Master of Sciences (MSc) in Child Development from the same university. Her interest gradually moved towards the psychology of fairy tales and she embarked on a Master of Philosophy (MPhil) at the University of Sussex (UK), followed by a Ph.D., which concerned the development of the Fairy Tale Test (FTT). The test has been standardized in Greece and is currently published in many languages. She is also the author of several papers on the FTT as well as two textbooks (in Greek) about psychometrics and personality assessment. Over the years, Doctor Coulacoglou has taught courses in Psychometrics and Psychological Assessment in various educational institutions in Greece.

EXPLORING THE CHILD'S PERSONALITY

Developmental, Clinical and Cross-Cultural
Applications of the Fairy Tale Test

Edited by

CARINA COULACOGLOU, Ph.D.



CHARLES C THOMAS • PUBLISHER, LTD.
Springfield • Illinois • U.S.A.

Published and Distributed Throughout the World by

CHARLES C THOMAS • PUBLISHER, LTD.
2600 South First Street
Springfield, Illinois 62704

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ISBN 978-0-398-07804-1 (hard)
ISBN 978-0-398-07805-8 (paper)

Library of Congress Catalog Card Number: 2008002315

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*Printed in the United States of America
MM-R-3*

Library of Congress Cataloging-in-Publication Data

Exploring the child's personality : developmental, clinical, and cross-cultural
applications of the Fairy Tale Test / edited by Carina Coulacoglou.

p. cm.

Includes bibliographical references and index.

ISBN 978-0-398-07804-1 (hard)—ISBN 978-0-398-07805-8 (pbk.)

1. Fairy Tale Test. 2. Fairy Tale Test—Cross-cultural studies. I. Coulacoglou,
Carina, 1956– . II. Title.

[DNLN: 1. Personality Tests. 2. Child. 3. Cross-Cultural Comparison. 4.
Fantasy. 5. Mythology—psychology. 6. Personality Assessment. WM 145 E965
2008]

BF698.8 F35E97 2008
155.4'18284—dc22

2008002315

CONTRIBUTORS

Anastasia Atsarou, Ph.D.

*Child Clinical Psychologist
Peristeri Mental Health Centre
Athens, Greece*

Bengi Pirim Dugsor

*Research Assistant
University of Istanbul Department of Psychology
Istanbul, Turkey*

Carina Coulacoglou, Ph.D.

*Child Psychologist
Projective Society of the Fairy Tale Test
Athens, Greece*

Manisha Das Gupta, Ph.D.

*Lecturer, Department of Psychology
University of Kolkata, India*

Hayriye Ertem-Vehid, Ph.D.

*University of Istanbul, Child Institute
Statistician: Department of Family Health
Istanbul, Turkey*

Alison Ferst, M.A.

*Psychology Department
City University of New York at City College, USA*

Ioanna Giannopoulou, Ph.D.

*Child Psychiatrist
Peristeri Mental Health Center*

Athens, Greece

Nora Goudsmit, M.A.

*Psychology Department
City University of New York at City College, USA*

Zianxin Jhang, Ph.D.

*Institute of Psychology
Chinese Academy of Sciences
Beijing, China*

Eleni Kotsoni, M.Sc., Ph.D.

*Psychologist
Projective Fairy Tale Test Society
Athens, Greece*

Yuhui Li, Ph.D.

*Key Laboratory of Mental Health
Institute of Psychology
Chinese Academy of Sciences
Beijing, China*

Niovi Michalopoulou, Psy.D.

*Clinical Psychologist (private practice)
Athens, Greece*

Nilanjana Sanyal, Ph.D.

*Professor and former Head, Department of Psychology
University of Kolkata, India*

Elena Savina, Ph.D.

*Developmental Psychologist
University of Oreol, Russia*

Simon Shagrin, M.A.

*Psychology Department
City University of New York at City College, USA*

Marilena Souyouldzoglou, Ph.D.

*Educational Psychologist
Sikiaridion Special School
Athens, Greece*

Daphne Stamatoyanni, Ph.D.
Clinical Psychologist (private practice)
Athens, Greece

Steven Tuber, Ph.D.
ABPP Psychology Department
City University of New York at City College, USA

Tevfika Tunaboğlu-Ikiz, Ph.D.
Psychoanalyst
University of Istanbul Department of Psychology
Istanbul, Turkey

Rachel Wolitzky, M.A.
Psychology Department
City University of New York at City College, USA

Ayşe Elif Yavuz
Research Assistant
University of Istanbul Department of Psychology
Istanbul, Turkey

Dedicated to my life companion.

and

In memory of Paul Kline.

PREFACE

I decided to embark on the mission of editing the present book, when I realized that I would like to share with others my experience in using the Fairy Tale Test (FTT). I could perhaps refer to this long-term experience as a journey of wisdom and “enchantment” into the depths of the child’s psyche. The writing and editing took approximately four years, since at the time of its conception, some of the cross-cultural studies were still under way.

Through the use of the FTT we attempt to describe and elaborate on various issues of child development, especially those that relate to the structure and the unfolding of personality. What is worth noting is that fairy tales are very much alive and still captivate childrens minds and hearts. They haven’t lost their appeal probably because their symbolisms and reflected values remain the same through the passage of time.

When I first decided to standardize the test in various cultures, I did not know what to expect, mostly in terms of how the material would appeal to children from nonwestern countries. To my surprise I discovered that at least three of the most popular fairy tales (i.e., *Little Red Riding Hood*, *Snow White and the Seven Dwarfs* and *Cinderella*) are translated into most languages. In addition, most book illustrations represent “westernized” characters in terms of both external features and clothing.

Fairy tales with giants, however, are not as popular as the above stories. For instance, Japanese children are scarcely familiar with the story of *Jack and the Beanstalk*, *Tom Thumb* or giants known from literary fairy tales such as Oscar Wilde’s *The Selfish Giant*, or *Gulliver’s Travels*.

By appying of the FTT in diverse cultures, I had the opportunity to find out that supernatural characters such as giants or witches with well-known aggressive, antagonistic, menacing or magical abilities are not necessarily perceived as such by children in nonwestern countries. Giants in China, for instance, are usually kind and protective; Rakshashas or Rakshashis in India are man-eating demons, while giants in Japan do not exist as such.

Children's responses to the FTT questions revealed that their reactions are not so much motivated by the external attributes of the character (e.g., skin color, facial traits, clothes, gender, etc.) as much as to what this character represents or symbolizes. This is perhaps the major reason that makes this tool cross-culturally sensitive and universally appealing.

It is worth emphasizing the importance of standardizing the FTT in such cultures as Russia, Turkey, India and China where test standardization is not common practice, let alone the standardization of a projective instrument. Had it not been for the perseverance, broadmindedness, sensitivity, conscientiousness and determination of all my collaborators in completing this important task, the standardization of the FTT would have remained a figment of imagination.

The FTT was designed based on modern psychometric theories, by including large samples and a variety of validity studies. Since its creation ten years ago, many things have been accomplished: an initial standardization in Greece of approximately 800 children (between 7 to 12 years of age), followed by a second one which included a younger age group of children (6-year-olds) and resulted in the addition of three personality variables. Furthermore, construct and criterion validity studies took place. Another significant achievement concerns the several standardization projects that have taken place and are still under way.

For decades, psychologists have been classifying personality tests as either objective or projective. Objective tests correspond to assessment instruments where the intended response is represented by a limited set of options, and scored according to a pre-existing key. On the other hand, in projective tests the respondent is required to generate a response in the face of an ambiguity, whereby the person projects unconscious or subjective material. A recent debate in the field of personality assessment depicts this terminology as being unclear and misleading. Objective tests by definition carry desirable and positive connotations such as precision and objectivity, encouraging certain prejudices against projective techniques. As a result alternative terms, such as *Performance Based Tests*, *Constructive Method*, *Free Response Measures*, *Expressive Personality Tests*, and so on, have been proposed in order to replace the term projective. Although I am aware of this debate and realize that these two terms do not fully reflect the complex and distinctive methods actually used for personality assessment, the term "projective techniques" is employed throughout the book as this still remains the most popular term for the purposes of scientific communication.

CONTENTS

The present book is divided into six sections. The first section entitled “New Developments in Projective Techniques for Children,” provides a basis for understanding the function and nature of projective tests in general (chapter 1), and the Fairy Tale Test in particular (Chapter 2).

Most specifically, in Chapter 1 the authors review the recent developments in projective techniques in children, by discussing two major tests, the Rorschach and the Thematic Apperception Test (TAT), while setting apart the contribution of the Fairy Tale Test as a novel instrument in the field of personality assessment in children.

In Chapter 2 the author presents, in an elaborative way, the association between fairy tales and unconscious processes. More specifically, she describes the origins and function of fairy tales, their main characteristics, the children’s interest in fairy tales in terms of their psychological development and coping with inner conflicts, the roles of aggression and violence in fairy tales and, finally, their clinical applications.

The second section of the book “Empirical Research” includes two chapters. Chapter 3 presents an elaborative study of the various types of aggression as assessed in the FTT, and contributes towards a better understanding of the construct of aggression. The fourth chapter investigates idiosyncratic responses of children according to their responses to the Fairy Tale Test. It aims at exploring the nature of the bizarre response and attempts to form a preliminary guide to differentiating bizarre responses that indicate some form of psychopathology from those that indicate imagination and creativity.

The third section of the book, “The Study of Defense Mechanisms,” consists of a single chapter (Chapter 5) that deals with the development and cross-cultural significance of defense mechanisms. More specifically, the author describes the origins and theories of defense mechanisms and their classification. In addition, she concentrates on how defense mechanisms appear in the Fairy Tale Test and their development through childhood, while discussing each one separately. Particular reference is made to the cross-cultural significance of defense mechanisms.

In the fourth section of the book, “Clinical Applications of the Fairy Tale Test,” the emphasis is placed on the clinical application of the test in three distinct groups of children with mental disorders: children with learning disabilities (Chapter 6); children with mild mental retardation (Chapter 7); and children with psychotic symptoms (Chapter 8). All three chapters highlight the way the Fairy Tale Test contributes to the understanding of underlying personality structures in relation to specific disorders.

The following section, "Cross-Cultural Applications of the FTT," includes five chapters presenting the application of the Fairy Tale Test across five culturally diverse countries on a large sample of children as part of the test's standardization: Russia (Chapter 9), China (Chapter 10), Greece (Chapter 11), India (Chapter 12) and Turkey (Chapter 13). Each chapter presents a detailed quantitative and qualitative analysis of the data, revealing the core personality of children in relation to their specific sociocultural background.

The last section, "Psychoanalytic Interpretation of Fairy Tales," consists of one chapter (Chapter 14) that provides some experimental validation of psychoanalytic theories of fairy tales with the use of the Fairy Tale Test. More specifically, the authors analyze the psychoanalytic significance of the children's responses and discuss how those can supplement and verify psychoanalytic interpretations of fairy tales.

SCOPE

The scope of this book is to present its readers with an in-depth study of the child's personality through the use of the Fairy Tale Test (FTT). The FTT has the significant advantage of providing information on a large number of personality parameters and their interrelations in a systematic way. Some of these parameters (such as Ambivalence, Sense of Property, and Sense of Privacy) have not been examined by other personality measures. In that sense, the FTT is a tool that can be employed for a variety of purposes such as in the fields of developmental psychology, diagnosis and treatment outcome, and cross-cultural research.

The present book offers information on current theoretical issues about the psychological uses of fairy tales, the results of empirical studies with groups of children that psychologists commonly encounter in their practice (namely, children with learning disabilities and mild mental retardation), as well as the results of several cross-cultural applications. It is in fact a rare opportunity for the interested reader to come across an elaborative study of personality and culture, especially by studying such diverse cultures such as China, India, Russia, Turkey and Greece. Another significant and perhaps unique contribution is the elaborate analysis of a large number of defense mechanisms, their development during childhood, as well as some cross-cultural comparisons.

I hope that the present book will inspire readers to study and use the FTT, and that it will be helpful in opening new ways in working with children, by learning more about the complexities and intricacies of their *distinct* personalities.

ACKNOWLEDGMENTS

I would like to thank my friends and colleagues: Doctor Anastasia Atsarou, for her support and contribution in finding clinical samples; Doctor Emy Sarafidou, for her valuable advice in the statistical analysis of the data; and Doctor Marilena Souyouldjoglou, for her support and constructive collaboration in several chapters of this book.

I would also like to thank and express my appreciation to all the contributors for sharing their knowledge and experience. With regards to the contributors of the cross-cultural studies, I would like to express my gratitude for taking part in such a demanding and unique project. I would like to extend my thanks to all the examiners of the FTT whose role in the standardization process was invaluable. I would also like to thank all the children who participated in data collection, their parents and teachers.

Many thanks to Alison Rooney and Eleni Kotsoni for their constructive comments and the copyediting of the book.

Finally, I would like to thank Michael Thomas for his patience and trust.

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ABBREVIATIONS

(?)	An in-parenthesis question mark indicates probing made by the examiner/administrator to the child during administration of the FTT in order to clarify his/her response.
DM	Defense mechanism
FTT	Fairy Tale Test
LD	Learning disabilities
LRRH	<i>Little Red Riding Hood</i>
M	Mean
MMR	Mild mental retardation
N	Number of participants
Q	Question
SD	Standard deviation
SES	Socioeconomic status
SW	Snow White (from the tale <i>Snow White and the Seven Dwarfs</i>)

FTT Variables

AMB	Ambivalence
DMT	Desire for Material Things
DSUP	Desire for Superiority
SE	Self-Esteem
SPRO	Sense of Property
SPRIV	Sense of Privacy
AGRDOM	Aggression as Dominance
OA	Oral Aggression
ON	Oral Needs
AGRA	Aggression Type A
AGRRET	Aggression as Retaliation
AGRENVY	Aggression as Envy
AGRDEF	Aggression as Defense

FA	Fear of Aggression
NAFCT	Need for Affection
NAFIL	Need for Affiliation
DH	Desire to Help
NPRO	Need for Protection
ANX	Anxiety
D	Depression
AFTC	Adaptation to Fairy Tale Content
B	Bizarres
SEXPRES	Sexual Preoccupation
MOR	Morality
REL/MO	Relation with Mother
REL/FA	Relation with Father
REP	Repetitions
NAPPRO	Need for Approval
AGRINSTR	Instrumental Aggression

EXPLORING THE CHILD'S PERSONALITY

PART I

**NEW DEVELOPMENTS IN PROJECTIVE
TECHNIQUES FOR CHILDREN**

Chapter 1

A REVIEW OF PROJECTIVE TESTS FOR CHILDREN: RECENT DEVELOPMENTS

STEVEN TUBER, NORA GOUDSMIT, ALISON FERST, SIMON SHAGRIN, AND RACHEL WOLITZKY

INTRODUCTION

Perhaps the primary reason projective tests have been so useful in work with children is because they provide a standardized arena in which to capture a child's play and imagination. Play and imagination for children are valid equivalents to dreams for an adult as this is where a child's conscious and unconscious mental phenomena come together, so that in play a child can be most mentally alive and present. "*By putting experiences and feelings into play rather than words, the child is creating structure . . .*" Adults figure out how they feel by *talking* it through; very young children figure it out by *playing* about it" (Slade, 1994, original emphasis). Children use play and imagination to rehearse and repeat aspects of their experience they are coming to terms with, exploring, or working towards mastery in their development. Projective tests allow the imaginative and playful expression of children to be captured and transformed into a standardized format, rather than remaining within the utterly idiographic domain of the playground or the clinician-patient relationship.

Children use play to process their experience, and through play they practice taking the perspectives of others, rehearse emotional experiences and situations, and consider multiple perspectives on reality. For Winnicott (1971) the capacity to play is a critical developmental achievement, and it is not only a sign of adaptation, it is an indicator of a capacity for attaining full human status. Research

on children's play has shown that fantasy play is a domain where cognitive and affective processes interact and develop (Russ, 1998). Seja and Russ (1999), for example, demonstrated that children who had the capacity to play and were able to organize their fantasy play around emotional themes were more adept at both describing emotional experiences and understanding the emotions of others, not accounted for by verbal ability. While this research does not make claims about causation, it highlights the importance of play as a medium through which one can observe and assess a child's cognitive and emotional life. Children's ability to "play" with projective measures thus takes the important step of placing their idiosyncratic expression and development in a standardized format for nomothetic comparison.

A good place to start a discussion of projective tests is with the difference between projective and nonprojective tests, and the question of why one should use projective tests at all. Rapaport (1950) addressed this distinction in a manner that is still pertinent and useful today. The "apparent" distinction between the two types of tests is due to whether the questions or tasks are "structured" (nonprojective) or "unstructured" (projective). Nonprojective tests consist of tasks that have a "unique and verifiable answer" whereas projective tests do not have an objective or a single correct answer (Rapaport, 1950, p. 347). The principle behind projective tests is that the subject's answers are determined by choices and principles that can be both intrapsychic

and external to the subject. Rapaport argued that the distinction between projective and nonprojective tests is arbitrary because each shares qualities of the other. Projective test stimuli have objective and verifiable features which are as evidenced by popular responses on the Rorschach or common themes in responses to TAT cards. Similarly, nonprojective tests elicit features of the subject's personality and internal life, evident in verbal responses, or the scatter of test scores on intelligence tests, that reveals the subject's unique development and personality organization in his/her array of aptitudes across different domains. Rapaport stated that the distinction between projective and nonprojective tests does not hold because a subject's answers are always determined by a combination of the external features of the test stimulus and the internal qualities of the subject. So the same diagnostic principle behind projective tests may be applied when analyzing either type of test results: "It is assumed that these behavior segments bear the imprint of the organization of the subject's personality, and therefore it is expected that the test performance will be revealing of that personality" (Rapaport, 1950, p. 340).

Projective tests are designed to present the subject with a lesser degree of external structure "in order to allow maximal expression of the structuring principles of the individual personality" (Rapaport, 1950, p. 342). Diagnostic testing is clinically most useful when a battery of tests is used, including both projective and nonprojective tests, in order to see how the subject's performance varies in the context of greater and lesser ambiguity. A discrepancy in performance in projective versus nonprojective methods can have important implications for both diagnosis and treatment. For instance, test results showing intact test performance in structured tasks compared to more regressed, low functioning responses on unstructured tasks have been found to be more typical of people with a borderline level of organization (Knight, 1953; Gunderson & Singer, 1975). Both projective and nonprojective tests are needed in order to assess a subject's response to greater and lesser degrees of external structure, which bears uniquely on personality

organization and creativity.

In a recent paper, Meyer and Kurtz (2006) argue that the opposing terms "projective" and "objective" used to describe measures of personality assessment are misleading and inaccurate for a number of reasons. The authors argue that "objective" tests, referring to "patient-rated questionnaires," (inventories with true vs. false or Likert-scale answers) place the burden of objectivity and expertise on the subject filling out the questionnaire rather than the examiner, in addition to suggesting that the well-documented presence of response styles and biases does affect the "objectivity" of the results. The term "projective" is also misleading, the authors suggest, because the mechanism guiding the subject's responses may not always be "projection" in the classic Freudian sense of the term, meaning attributing distressing internal phenomena to the external world. Projective tests do not merely capture the private world of the subject irregardless of the test stimuli; rather the nature of the projective task does impact responses. The authors argue that individual tests should be named or referred to more specifically, rather than lumping different assessment measures and techniques into abstract, misrepresentative categories. Nevertheless, the term "projective test" will still be used in this chapter and throughout this book, acknowledging that a subject's responses to a projective test are always a product of the interaction between the subject's personality and the test stimulus as no method of observation captures the subject without some alteration in his/her state. "Projective tests," as we use the term, merely refer to a test with a relatively smaller degree of external structure, and a task that does not have a single answer or prescribed options from which the subject chooses.

Projective tests have proved to be particularly useful when viewed through a psychodynamic lens because they operationalize and provide a database for many of the theoretical concepts underlying different psychodynamic schools of thought. Common to all psychodynamic schools, or models, is the concept of the mind and present behavior as being determined by both conscious and unconscious

thoughts, affects, wishes and representations. This common concept of personality and mental life having both conscious and unconscious aspects that interact has both commonalities and differences across the three major paradigms of psychodynamic thought. The models of drive, ego psychology and self-object representations are different yet overlapping in the way they frame this interaction between conscious and unconscious components of mental life within the individual.

The “drive” model is based on the view that people are motivated by biologically-based urges or “drives,” and each person varies in their ability to manage, comprehend and transform them at each stage in their development (Freud, 1923). It is therefore normal for all children to experience certain wishes and desires as unacceptable to some extent, and the internal conflict that results is often related to the tasks and preoccupations of particular (psychosexual) stages of development. The ego psychological model looks at the person’s ability to adapt to the demands of reality in the external world, to manage their internal urges, wishes and emotions, and their capacity to psychologically self-regulate (e.g., a focus on the capacity for reality-testing and the quality of defense mechanisms) (Anna Freud, 1936; Hartmann, 1939; Mahler, Pine, & Bergman 1975). From the ego psychological perspective, ego capacities, both strengths and deficits, are developed slowly over the course of development, through both conscious and unconscious learning. Last, the self/object representational model focuses on a person’s internal representations of self and others, based on conscious and unconscious memories of childhood experiences (Klein, 1932; Fairbairn, 1952; Winnicott, 1958; Kernberg, 1976). These representations significantly contribute to the person’s experience of self and others, and psychopathology may be seen as the extent to which the present is incapable of being perceived and experienced as separate from internal representations from the past.

These different models encompass various theoretical perspectives on personality organization, in addition to methods of treatment. Projective tech-

niques, in turn, provide an empirical format for concepts from these different psychodynamic models to be used in research. An example of research informed by the drive model is Sprohge, Handler, Plant and Wicker’s (2002) examination of oral dependence in alcoholics and depressives using the Rorschach. Two examples of research from the ego psychological perspective include Russ and Grossman-McKee’s (1990) look at the relationship between primary process thinking on the Rorschach and affect expressed in fantasy play and divergent thinking, and Smith’s (1981) look at the relationship between children’s Whole responses on the Rorschach and Piagetian stages of cognitive development. A prime example of research from a combination of the ego psychological and object relational perspectives is Lerner’s (1990) review of research using the Lerner and Lerner (1980) scale for assessing primitive defenses on the Rorschach. These studies identified patterns of defenses used by specific clinical populations (e.g., anorexics, gender disturbed children) and patients with different levels of psychopathology (neurotic, borderline, schizophrenia). Examples of research using projective tests from an object relational perspective can be found in two literature reviews: Tuber (1992) reviewed studies using the Mutual Autonomy Scale applied to the Rorschach to assess the quality of children’s object relations, and Stricker and Healey (1990) reviewed empirical literature assessing object relations with various projective techniques, including the Rorschach, TAT, dream-based measures, early memories and others. The rise of object relations theory over the past 30 years has led to relatively more object-representational-based uses of projective tests. This mirrors the notion that as theoretical paradigms have changed over time, so too have the ways projective tests been interpreted and utilized to predict aspects of psychodynamic assessment and treatment (Lerner, 1998).

The usefulness of psychodynamic theoretical concepts lies largely in their application to the process of psychodynamic treatment. Projective tests provide a snapshot at a given time of central aspects of a person’s personality organization. By

translating theoretical concepts into limited behavior segments, projective tests provide a vital link between an isolated measurement of personality and theories of treatment (given the pathological or adaptive presence of certain drives, defenses, or object relations). Projective tests can be used to assess and predict treatment outcome by linking patterns of test scores to patterns in the treatment process, or changes in test performance to changes in treatment (Tuber, 2000; Fowler, Hilsenroth, & Handler, 2000).

In summary, projective tests are particularly useful for tapping into the emotional lives of children. They provide a substantive assessment of personality in a standardized format, and they serve as a connective bridge between a measurement of individual personality, psychodynamic theory and the treatment process. We now turn to a discussion of the most eminent projective test, the Rorschach, and the ways it has been used in empirical research in the areas of object relations, child development, psychopathology and treatment.

THE RORSCHACH

The Rorschach Test as a Measure of Object Relations

There is a rich history of operationalizing psychodynamic concepts with children and applying these principles to the Rorschach. Research with children's Rorschach protocols has confirmed many key tenets of the psychoanalytically informed concepts of object relations, affect maturity and defense organization. Russ and Grossman-McKee (1990), for example, investigated the relationships among expression of primary process thinking on the Rorschach, emotional expression in children's fantasy play, and divergent thinking in first and second grade children. Their results suggest that the ability to think imaginatively in a style similar to an adult's free-association and the ability to tap into affect-laden material are related processes. The Rorschach gives us access to this arena, and allows the clinician

a snapshot of a child's inner life with its capacities and limitations. In their 1994 review, Ornberg and Zalewski, for example, critically examined forty-eight studies that use the Rorschach in adolescent populations. Notwithstanding several methodological concerns, they found evidence that the Rorschach provides useful and valid measures of reality testing, cognitive complexity, disordered/psychotic thinking, general psychological distress, disturbance in object relations and depression in specific adolescent groups (Ornberg & Zalewski, 1994).

A number of scales are currently available which assess the quality of Object Relations in projective test responses including: the Mutuality of Autonomy Scale (MOA) developed by Urist (1977); the Krohn Scale of Object Representations (1974) for Rorschach responses as well as dreams and early memories; and the Rorschach Separation Individuation Scale (Coonerty, 1986). These scales have been widely used in clinical research with children and have proven to be reliable measures of different aspects and qualitative dimensions of object representations. Additionally, each individual measure cited above espouses a developmental framework, and has proven to be sensitive in measuring change in the nature of an individual's representations of self and other over time when used as a repeated measure. Thus, each has demonstrated its heuristic value in documenting important qualitative changes in object representations over the course of long-term, psychodynamically-oriented treatment.

The focus on the relationship of self and other in interaction has been a particularly investigated means of examining a child's phenomenological experience. Assessments of the manner in which children internalize early interactions between "self" and significant others have also become increasingly viewed as a pivotal means of discerning both cognitive development and later interpersonal relations (Tuber, 1992). An object representation scale developed by Urist (1977), the Mutuality of Autonomy (MOA) scale, rates Rorschach object representational responses on a 7-point continuum.

Scale points range from adaptive, mutual and reciprocal respect for others in interaction, to the loss of autonomy in interaction through the need for external support; mirroring echoes of one's self; threat or control of another; physical assault destroying autonomy and last, to calamitous engulfment or destruction. Reliability has been excellent (Tuber, 1992) for the scale and it has been used in a number of studies relating to treatment efficacy. Tuber (1983) used the MOA scale to effectively predict later rehospitalization in young children who had spent at least six-months in residential treatment during their childhood. Children without the benefit of benign object representations at admission were far more likely to be rehospitalized later than a group of matched cohorts at the same treatment facility. Tuber (1992) has also used the scale in idiographic assessments of children who were tested and then later began psychodynamic psychotherapy. Treatment paradigms closely matched Rorschach MOA patterns, suggesting that this measure may be a useful component of empirical efforts to capture object relations status, both before, during, and after the child treatment process.

Krohn and Mayman (1974) developed an object representational scale that they and others have applied successfully to Rorschach protocols as well as dream reports and early memories. The scale assesses object relational qualities slightly different from the MOA scale, in that the focus is on the degree of emptiness, wholeness, differentiation, aliveness and psychological mindedness of the percepts, memories and dreams. It has been scored reliably and showed promising construct validity (Stricker & Healey, 1990). Gluckman and Tuber (1996), have demonstrated that the Krohn scale can be used effectively in rating children's Rorschach responses and dream reports, suggesting that it may also be a useful component in analyzing aspects of children's treatment content.

According to Diamond et al. (1990), psychoanalytic theory has increasingly focused on the ways in which object relations are internalized in the course of early development and transformed into

intrapsychic representational structures. The authors defined object representations as conscious and unconscious mental schemata which are established on the basis of interactions with significant others, and which bear the imprint not only of actual interactions, but also of the individual's developmental level and intrapsychic life (e.g., impulses, affects, drives, and fantasies). The authors cite previous research which has indicated that essential features of the individual's mental representations, along with their developmental antecedents, are encoded in projective test responses that can be assessed systematically.

Exner's Egocentricity Index on the Rorschach (Exner, 1974, 1978) rates the degree and level of egocentricity by providing an index of the subject's self-concern, self-focusing and egocentricity. Exner's scale is based on the premise that excessively high or low index scores may accompany psychopathological states and that improvement as an outcome of treatment would be characterized by levels of egocentricity scores becoming more consistent with nonpatient records. Its negative correlation with the Beck Depression Inventory (BDI) supports the interpretation of a low index score as a reflection of low self-concept and dysphoric mood (Duricko et al., 1988). A measure of Rorschach Developmental Level (DL) first developed by Friedman (1953) and later modified by Becker (1956) has shown promise as a predictor of change in children. Tuber (1983) used Rorschach DL scores in conjunction with object relational assessments to best predict children's later adjustment after long-term residential treatment. This index has been used to assess the quality and level of ego functioning in both children and adults.

The Rorschach Test as a Measure of the Developmental Process

It is commonly acknowledged among mental health professionals that personality develops along multiple lines. Physical, neurological, cognitive and intellectual development, as well as the progression of human relationships, coping strategies, and gen-

eral styles of organizing and differentiating thoughts, wishes and feelings are all viewed as proceeding along specific patterns of progressive sophistication. The rate and substance of these progressions, in turn, contribute to the ways an individual organizes and creates his or her unique experience. Examining multiple lines of development and understanding their dynamic interplay in overall personality functioning is a necessary part of clinical work. Several core personality and therapy process constructs are particularly relevant to psychodynamically-oriented treatment. These include: quality of object relations and level of separation-individuation; quality of affective life; ego functioning; effectiveness of defensive operations and reality testing. Additionally, measures of psychosocial functioning such as self-concept/identity formation, nature and severity of symptomatology, cognitive and academic functioning are important domains to assess in order to generate a comprehensive clinical profile of a child's adaptive and maladaptive functioning before beginning psychodynamically-oriented treatment. The Rorschach has been used to assess the nature and rate of development across all these domains. Leichtman (1996a), for example, posits the importance of exploring the Rorschach responses of preschoolers to understand both process and content, and to witness the pathways by which children become capable of taking on the task as it is intended. Understanding this developmental progression can allow us to better understand both normal child development, and also pathology in children and adults. In the same vein, Meyer and Tuber (1989) found that preschoolers with imaginary companions had this vivid inner life mirrored by a far greater number of human movement responses than comparably aged children without such companions.

Between the ages of 2 and 10, children progressively become much less dominated by egocentric thought. We see increasing sophistication across affective, cognitive, and identity realms on both conscious and unconscious levels. Children's affective lives move from global moods with no nuance,

to states that demonstrate the ability to experience multiple and complex feelings within themselves and in relation to others. Ames and colleagues (1974) showed that chronological age and specific developmental achievements have correlates in comparable Rorschach variables. By comparing empirically derived chronological milestones of children with extensive Rorschach data, they effectively cross-validated both fields of study and made a convincing case for linking Rorschach responses to a developmental framework. The greatest value of their study was that it demonstrated that expected Rorschach variables that are associated with maturity grow and develop over time whereas those that are associated with immaturity decrease over time. Wulach (1977) hypothesized that as children develop from the preoperational to the concrete level of operations, there would be a corresponding increase in the effective control of primary process ideation. His analysis of variance demonstrated significant primary process differences between preoperational, transitional and concrete operational groups, thereby linking key aspects of Piaget's theories of cognitive development with psychodynamically-informed constructions about the nature of emotional development.

Defenses also change and become more sophisticated as development proceeds. Avoidance in infancy gives way to higher levels of defense. Lerner and Lerner's (1980) scale is relevant to the assessment of children's defensive functioning and assessing primitive defenses, specifically splitting, idealization and devaluation, denial and projective identification, which have been hypothesized to be the hallmark of developmentally immature individuals. In a host of studies (Lerner & Lerner, 1980; Lerner, Sugarman & Gaughran, 1981; Van-Der Keshet, 1988; Gacono, 1988a; Kolers, 1986), the Lerner Defense Scale was found to be valid in distinguishing borderline patients from other types of patients, eating disordered patients from normal controls, and gender disturbed children from normal controls.